

Foster Family Home - Corrective Action Report

Provider ID: 5-160088

Home Name: Crystal Alcantara, RN

Review ID: 5-160088-3

5365 Olopuu Street

Reviewer: Angel England

Kapaa

HI 96746

Begin Date: 11/9/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit made for a 2 bed recertification inspection. Corrective Action Report issued with a written Plan of Correction due to CTA by 12/14/18.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.5. CG#2 does not drive clients. No alternate transportation plan present in record.

41.b.7 CG#1 TB clearance lapsed. Was due on/before 3/3/18 and was done on 10/20/18.

41.b.8 CG#2 CPR/1st aid expires November 30, 2018. Was taken online but these requirements are not approved to be taken online and from an unapproved provider. They must be taken in person or in a combination of online/in-person instruction.

41.c No annual in-service training hours for either CG present in CG record. CG#1 needs 12 hours and CG#2 needs 8 hours.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.c No drug side effects listed in client record or home binder. No drug book or handouts from pharmacy present. CGs would be unable to report side effects without knowing what they are.

Foster Family Home - Corrective Action Report

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.a Unknown who is responsible for client funds, particularly Client #1's personal allowance. Financial agreement is blank for this area.

Foster Family Home Physical Environment [17-1454-48]

48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.a.1-2 Client bathroom is not adjacent or easily accessible to sleeping rooms. There is a bathroom that is. However, it has no grab bars around toilet to be used by clients.

48.c.3 There is a minimal amount of dust in areas of the home. Oven, toaster oven, refrigerator and freezer have built up grime, food particles and spilt items that are unclear.

Under the my choice, my way all client bedrooms and bathrooms are supposed to allow clients to lock them from the inside for privacy.

There is an empty client bedroom that does not allow it to be locked.

Client #1 has a screen that has a gap around it that could allow pests to enter.

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.a.1 CCFFH general liability insurance is expiring 11/30/18.

Foster Family Home Records [17-1454-52]

52.(c)(3) Current copies of the client's physician's orders;

52.(c)(5) Medication schedule checklist;

Comment:

52.c.3 and 52.c.5 There are some medication discrepancies.

Three medications listed on the Medication Administration Record (MAR) had no pharmacy bottles to compare to see if the orders and bottle labels matched.

One medication has orders but is not on the MAR and no prescription bottle noted to be present.

One medication has orders that do not match the prescription label dosage/directions.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Crystal Alcantara
CCFFH Address: 5365 Olopuia Street Kapaa HI 96746

Rule Number	Corrective Action Taken	Date Corrected.	Prevention Strategy
41.b.5	Completed alternate transportation plan and awaiting CTA signature of approval. CG#3 will be the alternate driver. he will provide non-medical transportation. through possession of valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.	11/15/2018.	Home will make sure there is an alternate driver listed. Form will be properly filled out for every CG that doesn't drive within so many days of adding/removing a SCG.
41.b.7	Lapse cannot be corrected.	10/20/2018.	Home understands the tuberculosis clearance will be done before due date to prevent lapses. PCG will check due date every month to prevent future lapses.
41.b.8	CG#2 completed CPR/1 st aid in-person by approved provider. Done 11/25/2018. CPR card filed.	11/25/2018	Home understands the requirements for CPR/1 st aid must taken in person or in a combination of online/in-person instruction by an approved provider. PCG will make a calendar for due dates and check CPR record quarterly.
41.c	CG#1 12 hours and SCG#1 8 hours in service training completed from accredited individual and online through Medscape. Certificate filed to binder	11/25/2018	Home understands the requirements for in service training are required for all caregivers. PCG to check in service record with completed required hours annually.
46.c	Drug book or handouts from pharmacy where list of drug side effects completed in the resource book and stored in clients room. Resource book placed bedside table within reach.	11/16/2018	Home understands that the drug side effect handouts should be filed in a resource book. All caregivers and clients must be informed/aware where it is located.
47.a	Client #1 is responsible for funds and personal Allowance.	11/15/18	Home understands that client will be put as responsible for funds and allowance in financial agreement form. PCG To check forms are filled correctly and will make sure its complete during admission or within 3 days after.
48.a.1-2.	Grab bars installed around toilet in the bathroom Adjacent to client's room.	11/18/2018	Home understands that clients bathroom should be adjacent to their sleeping room. Toilet must have grab bars around it for clients safety. PCG to check grab bars around toilet quarterly, assess if grab bars are not loose and installed properly for safety.
48.c.3.	Cleaned minimal dust in the home, washed oven, and Toaster oven. Food particles from refrigerator and freezer were all cleaned.	11/15/2018	Home understands that home should be free from dust. Toaster oven, oven, refrigerator and freezer should be cleaned all the time. PCG to clean oven, toaster oven, refrigerator and freezer everyday to prevent food poisoning and cross contamination. PCG to check dust in the home everyday and clean it.
	All client bedrooms and bathrooms are able to lock From the inside for privacy. Door knobs changed.	11/20/2018	Home understands that all clients bathroom and bedroom are able to lock for privacy. PCG to check everyday if doorknobs are properly working, if clients able to lock and unlock it.
	Client #1 screen window gap fixed so insect will Not come inside client's room.	11/15/2018	Home understands that screen window should be intact And no gaps to prevent insects from coming inside. PCG to check windows monthly for any gaps and holes.

49.a.1 CCFFH General liability insurance renewed and
New Policy form received.

11/16/18

Home understand to renew liability insurance
Before due date.PCG to check record quarterly.

52.c.3. Three medications was picked up later that day.

11/20/18

CG#1 will check all medication orders bottles and MAR
To ensure all match before giving any new medication.
Home will notify CMA, Pharmacy and doctor if they are
Different.

One medication was refused by client from
Last month and still keep the bottle per client request.

Medication discrepancy was corrected by client's MD,
CMA and CG#1 on client's Medication Administration
Record.

Primary Caregiver's Signature

Print Name

CRYSTAL VICENTA ALCANTARA

Date of Signature

01/30/2019